

GRANT COUNTY DISTRICT COURT
INDIGENCY SCREENING FORM

CONFIDENTIAL

[Per RCW 10.101.020(3)]

(Please Print Legibly)

Name _____

Address _____

City _____ State _____ Zip _____

Case Number(s) _____

1. Place an "x" next to any of the following types of assistance you receive:

_____ Welfare	_____ Poverty Related Veterans' Benefits
_____ Food Stamps	_____ Temporary Assistance for Needy Families
_____ SSI	_____ Refugee Settlement Benefits
_____ Medicaid	_____ Disability Lifeline Benefits
_____ Other – Please Describe _____	

2. Do you work or have a job? ____yes ____no. If so, monthly take-home pay: \$ _____

Occupation: _____ Employer's name & phone #: _____

3. Do you have a spouse or state registered domestic partner who lives with you? ____yes ____no

Does she/he work? ____yes ____no If so, monthly take-home pay: \$ _____

Employer's name: _____

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? ____yes ____no

If so, which one? _____ Amount: \$ _____

5. Do you receive money from any other source? ____ yes ____no If so, how much? \$ _____

6. Do you have children residing with you? ____ yes ____no. If so, how many? _____

7. Including yourself, how many people in your household do you support? _____

8. Do you own a home? ____yes ____no. If so, value: \$ _____ Amount owed: \$ _____

9. Do you own a vehicle(s)? ____yes ____no. If so, year(s) and model(s) of your

vehicle(s): _____ Amount owed: \$ _____

10. How much money do you have in checking/saving account(s)? \$ _____

11. How much money do you have in stocks, bonds, or other investments? \$_____
12. How much are your routine living expenses (rent, food, utilities, transportation) \$_____
13. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.? If so, describe: _____
14. Do you have money available to hire a private attorney? ____yes ____no
15. ***Please read and sign the following:***

**I understand the court may ask for verification of the information provided above.
I agree to immediately report any change in my financial status to the court.**

I agree to pay, and promise to pay, \$100/\$_____ Public Defender reimbursement to the County of Grant if I plead Guilty or am found Guilty of this charge, or any amendment of this charge. Payment is due at sentencing, at which time a payment plan may be requested.

"I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signature

Date

City

State

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Eligible for a public defender at no expense

_____ Eligible for a public defender but must contribute \$_____

_____ Re-screen in future regarding change of income (e.g. defendant works seasonally)

_____ Not eligible for a public defender

JUDGE